

Please type a plus sign (+) inside this box →

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	523.42982X00
		First Inventor	KAWAZOE, HIROSHI
		Title	ELECTROPHORESIS MEMBER, PRODUCTION THEREOF AND CAPILLARY ELECTROPHORESIS APPARATUS
		Express Mail Label No.	
APPLICATION ELEMENTS <i>SEE MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification (Preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: 8]</p> <p>5. Oath or Declaration [Total Pages: 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Credit Card Payment Form, Figs. 1-8</u></p>			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner: _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	020457		or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	
Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP			
Address				
City		State		Zip Code
Country		Telephone	(703) 312-6600	Fax (703) 312-6666
Name	William I. Solomon		Registration No. (Attorney/Agent)	28,565
Signature	<i>William I. Solomon</i>		Date	July 29, 2003

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit
TOTAL AMOUNT OF PAYMENT	(\$ 790.00)

METHOD OF PAYMENT (check all that apply)	FEES CALCULATION (continued)
---	-------------------------------------

<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account:
Deposit Account Number 01-2135
Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP
The Commissioner authorized to: (check all that apply)
<input type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application
<input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.

FEES CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Description	Fee Paid		
1001 750	2001 375	Utility filing fee	750		
1002 330	2002 165	Design filing fee			
1003 520	2003 260	Plant filing fee			
1004 750	2004 375	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
SUBTOTAL (1)				750	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	Extra Claims	Fee from below	Fee Paid		
14	-20** = 0	x 0.00	= 0.00		
Indep. Claims	2	-3** = 0	x 0.00	= 0.00	
Multiple Dependent		0.00	= 0.00		
SUBTOTAL (2) \$ 0.00					
**or number previously paid, if greater; For Reissues, see above.					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$ 40.00)					

SUBMITTED BY					
Complete (if applicable)					
Name (Print/Type)	William I. Solomon	Registration No. (Attorney/Agent)	28,565	Telephone	703-312-6600
Signature	William I. Solomon			Date	07/29/2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.